Campaign Statement Cover Page			CALIFORNIA 460 FORM
	Statement covers period from 2/16/2020	Date of election if applicable: (Month, Day, Year)	CITY CLERK OFF Gege of o
SEE INSTRUCTIONS ON REVERSE	through 7/31/2020	March 3,2020	TOTAL NORTH AND THE MENT OF THE PARTY OF THE
1. Type of Recipient Committee: All Committees	– Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	UTT 6. MUNICIPE TO
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be	
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE NAME IF NO COMM	I.D. NUMBER 1423785 TEE)	Treasurer(s) Bel  NAME OF TREASURER  1591  MAILING ADDRESS  Monterey f	inda Rush Lupine Ave. Park, CA 91754 STATE ZIP CODE AREA CODE/PHONE
Monterey PANIC, CA	91755 571-872 STIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	Codescent construences construences
1	Dgmail.Com	OPTIONAL: FAX / E-MAIL ADDRES	STATE ZIP CODE AREA CODE/PHONI
Executed on Execut	viewing this statement and to the best of my ate of California that the foregoing is true and By  By  Signature of Cor	Signature of Treasurer or Assistant or Assistant of Treasurer or Assistant or Assis	herein and in the attached schedules is true and complete. I
Date	-,	Signature of Controlling Officeholder Candidate St	tate Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE Leilani Morales			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  1000 Fulton Ave. Monterey Park, St. 155		_	BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
City Council			Identify the controlling office			measure prop	onent, if any.
Related Committees Not Included in t	his Statement: List any committees		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily formed to receive your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Cano officeholder(s) or candidate(s)	lidate/Offic for which this	eholder Co committee is	ommittee Lis primarily forme	et names of d.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE?  YES NO (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	on sheets if r	necessary	

## **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

CALIFORNIA FORM

I.D. NUMBER

Leilani Morales			1423785
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 299 \$ 299 \$ 299	\$ 2,907.83 \$ 2,907.83 \$ 2,907.83	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 601.00 \$ 601.00 \$ 601.00	\$ 3, 157.28 \$ 3, 157.28 \$ 0 \$ 3, 157.28	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) / \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 496 (Feb/201

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule /	4		ts may be rounded				SCHEDULE
Monetary Contributions Received		10	whole dollars.	Statement covers period from 2/16/2020		CALIFORNIA 460	
				7/31	12020	_	
SEE INSTRUCTION	NS ON REVERSE			through 1/3/	12000	Page .	of
NAME OF FILER	Leilani Morales			<u> </u>		I.D. NU	
	retraint widthes					192	3785
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T		PER ELECTION
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR YEAR		TO DATE
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		(IF SELF-EMPLOYED, ENTER NAME	PERIOD	(JAN. 1 - DEC	31)	(IF REQUIRED)
-11	DAVID DIAZ	Z(IND □ COM		the same and			
2/1/2020	Clara Garcia	□ COM □ OTH		\$ 200			
1 10	810 W Gleason of	□ PTY					
	Clara Garcia 810 w Gleason ST Monterey Park, CA 91754	scc					
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		□ PTY □ SCC			er.		
-			SUBTOTAL	•	1251 Te 125	TC-0040	(10 glig )(1)
			COBIOTAL	<u> </u>	70 St. / 150		
Schedule A	Summary					ntributor C	
1. Amount red	eived this period – itemized monetary contributions	•)		A A A		– Individu	al ent Committee
(Include all	Schedule A subtotals.)		\$	200	CO		than PTY or SCC)
_				99		H – Öther (	(e.g., business entity)
2. Amount red	eived this period – unitemized monetary contribution	ns of less thar	ı \$100\$ <u> </u>			/ - Politica	
2 T-4-1					SCC	, – Small (	Contributor Committee
	tary contributions received this period.	l A 11 4	\	299	~_		
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	iumn A, Line 1	.)IOIAL \$	0 1		FPP	C Form 496 (Feb/2019

## Schedule E **Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period
from 2/16/2020
through 7/31/2020
through 10112000

**CALIFORNIA FORM** 

SCHEDULE E

I.D. NUMBER

NAME OF FILER Leilani Morales

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

contribution (explain nonmonetary)\* CTB

CVC civic donations

candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)\*

legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

phone banks PHO

polling and survey research POL

postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
Belinda Rush 1591 Lupine Ave Monterey Park CA 91754	Pos OFC	REIMBURSENTS MISC FEES	292
Leilani Morales 1000 Fulton Ave Monterey Park CA 91755	IND	REIMBURSMENTS MISC FEES	292
Bank of Amorica (BRANCH) MONTERLY PARK CH	OFC	Banking Fee	417

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

## **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 601.00
2. Unitemized payments made this period of under \$100	.,\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$601.00

FPPC Form 496 (Feb/2019)

Leilani Morales

For City Council 2020

1000 Fulton Ave.

Monterey Park CA 91755



0 Lb 4.20 Oz

1004

EXPECTED DELIVERY DAY: 08/13/20

C008

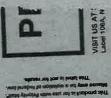
SHIP

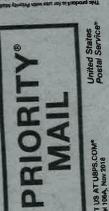
TO: 320 W NEWMARK AVE Monterey Park CA 91754-2818

USPS TRACKING® NUMBER



9505 5148 5656 0225 3293 94





ATTN: Cindy Trang

CITY CLERK'S OFFICE

City of Monteney Park

320 W. Newmark Ave.

Monteney Park CA 91754